IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 106874 PIN# 4722-39-~~6501~~ 7621 DATE 6-19-02

OWNER OR CONTRACTOR PHILLIP CRIDER PHONE: Business Home 704-528-9376

ADDRESS 111 ST. MARTIN'S LANE, STATESVILLE NC 28677

LOCATION BUFFALO SHOALS ROAD SW, TR OLANO LANE, HOUSE AT END

SUBDIVISION KYLES WOODS BLOCK / SECTION II LOT 26 LOT AREA 4.755 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.25 GPD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 10-4-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1920 Linear Feet 640
No Lines SIX Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: CONVENTIONAL, GRAVITY
Repair System Description: CONVENTIONAL GRAVITY PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

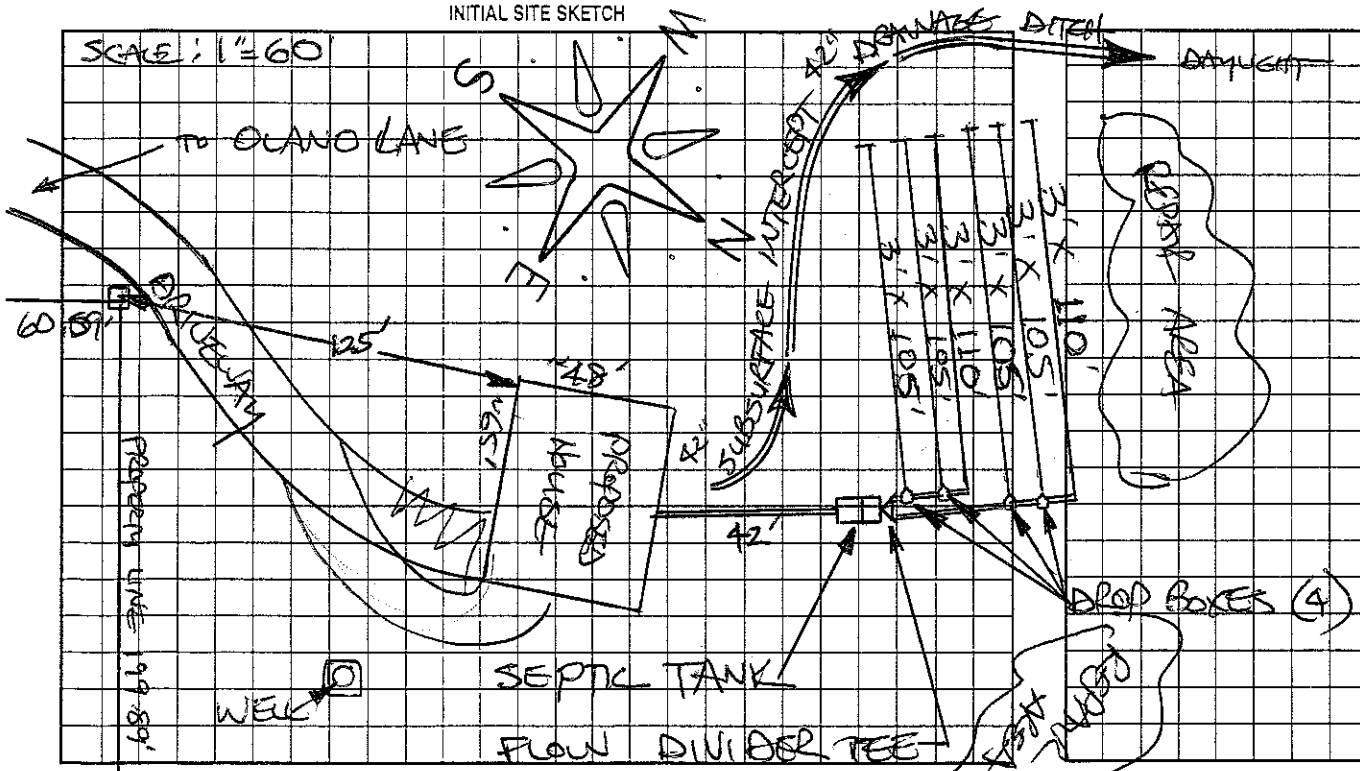
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3½
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments:/Conditions: BASEMENT FLOOR ELEVATION WILL DETERMINE WHETHER A SEPTIC TANK / EFFLUENT PUMP (STEP) SYSTEM WILL BE REQUIRED

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFTITE" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: X Phillip Crider date 6/19/02 Installed by: DAVID YOUNTZ

Improvement Permit by: STEVE HEDRICK date 6-19-02 Operation Permit by: STEVE HEDRICK date 4-6-04

Authorization to Construct by: STEVE HEDRICK date 6-19-02 Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK